

<b>Case Number:</b>	CM14-0005133		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	11/19/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female with a date of injury of November 19, 2010. The mechanism of injury is not disclosed. A PR-2/encounter note dated November 27, 2013 is provided for review in support of the above noted request indicating a diagnosis of 847.0 and 722.4, noting (in checkbox format) a patient complain of pain, and that the patient exhibits impair activities of daily living. The treatment plan includes a recommendation to purchase of an H wave unit to be used 30 minutes per treatment PRN to reduce and/or laminate pain, reduce or prevent the need for oral medication, prevent muscle spasm, atrophy, improve functional capacity in ADLs, improve circulation, and decrease congestion to injured region, and provide a self-management tool. The objective/subjective findings following a home H wave trial indicates that the patient reports a decrease in the need of oral medication after use of H wave device and the patient has reported the ability to perform more activity and greater overall function due to the H wave device. An ongoing program of functional restoration is referenced. There is no physical examination provided, nor is there any details referencing the history of present illness. A previous review for this request resulted in a recommendation for non-certification on December 12, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PURCHASE OF H-WAVE DEVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, H-WAVE STIMULATION (HWT),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**Decision rationale:** California Medical Treatment Utilization Treatment guidelines support an H-wave stimulator trial in select clinical settings of diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of the initial recommended course of conservative care including physical therapy, pharmacotherapy, and a prior use of a TENS. The encounter notes provided for review includes no documentation of a neuropathic pain generator. Additionally, there is no reference of recent operative intervention. There is no physical examination documented, and any recent clinical data to substantiate the diagnosis for which an H-wave stimulator unit would be supported by the guidelines. Additionally, the claimant response to an H-wave trial that has been provided includes no objective documentation evidencing functional improvement. In the absence of appropriate documentation to support a diagnosis for which an H-wave unit is supported, as well as appropriate documentation evidencing a positive response to an H-wave trial previously certified, there is insufficient clinical documentation available to support this request. Therefore, this request is not medically necessary.